## Required Agency Criteria

I. ADMINISTATIVE	Yes						No
A. Full Disclosure of the agency ownership.			Maintain written policies and procedures that address				
Documents related to the official types of legal organization of the service, stating whether it is an individual proprietorship, partnership, corporation or subsidiary of any other corporation or unit of government.      Disclose any doing business as or trade name(s) under			safety and accident reduction and comply with all applicable state and federal health and safety laws as prescribed on the department approved agency inspection form. These procedures shall be maintained by the operation and shall be available to the department by request.				
which the organization operates, including but not limited to the name(s) by which said organization is known to the public.			Agency Contact Specific			egulation	
			MIOSHA				
					Bloodborne Patho		
3. Maintain official registration of the entity with the Secretary of State or other designated official in each state in which the agency is chartered, incorporated or authorized to do business.				Airborne Pathogens		ns	
					CLIA Disposal of Medic	1 3374 -	
					HazMat	ai wasie	
				EEOC			
					Michigan Motor V	/ehicle C	ode
4. Disclose any parent, subsidiary or other relationships that involve ambulance or health care business activities; shared overhead or resources; or that have inter-locking directorates.			operating a lice emergency or p department app competency ass	aintain documentation that each individual ing a licensed life support vehicle during an ency or patient transport has completed a ment approved vehicle operation education and etency assessment.			
B. Management			VI. STAFF AND STAFFING VEHICLES				
<ol> <li>Organization has identified one individual (i.e., president, chief, director or coordinator) who is responsible for overall day-to-day operations of the service and serves as the contact person.</li> </ol>			A. Personnel  1. Maintain a list and current license & certification documents of all EMS personnel licensed by MDCH and employed/registered with life support agency.				
C. Policy			2. Assure that	agencies are providing	g clinical		
Establish a written procedure that explains the steps that occur when a complaint is received by the agency.			competency assessments to emergency medical personnel before the individual provides emergency medical services.				
D. Insurance Requirement			B. Orientation	on/Training			
1. Provide a certificate of no-fault insurance or coverage with residual liability coverage of not less than one million dollars (\$1,000,000) per crash (accident) or other proof of self-insured authority. If an agency has an air ambulance (rotary) then not less than five million dollars (\$5,000,000) and not less than ten million dollars (\$10,000,000) for fixed wing.			1. Show evidence of an orientation for EMS personnel to familiarize them with the agency's policies and procedures. Orientation must include, at a minimum, a proper introduction to the duties to be performed as well as medical control authority protocols.				
II. INTER-AGENCY RELATIONS			2. Show evidence of and maintain documentation that				
1. Provide documentation that demonstrates response		Т		nat EMS personnel are is carried by the agen			
capabilities or ensures a response is provided (mutual aid) to each request for emergency assistance originating within the bounds of your licensed service area.			VII. PROTOCOLS/QUALITY IMPROVEMENT				
2. Provide a document that shows inclusion in the county/regional			A. Protocols				
disaster plan and response. Medical Control Authority protocols may be used to satisfy this requirement.  III. RECORD KEEPING (Runs/Requests for Service)			Maintain a copy of all applicable protocols for all medical control authorities the agency operates in.      B. Quality Assurance				
A. Dispatch Record							
1. Provide a policy and/or show evidence that a record is created to document each request for service that the agency receives, including calls canceled prior to arrival and incidents, which result in no patient being transported.			1. Show evide	nce of participation in control authority qual			
B. Run Form			VIII. EQUIPM	IENT AND VEHICL	ES		
Provide a policy and/or show evidence that a record is created to document all findings and treatment given, if any, whenever			1. Vehicles ins	spected are currently largements established	icensed and meet		
contact is made with a patient or one presumed to be a patient				icle & Equipment II			1
regardless of whether or not the patient is ultimately treated or transported. (Identifiable patient information must be deleted).			2. A life support	A life support agency shall have a written policy in place to ensure vehicles and equipment are operational and provide documentation of not less than a weekly			
IV. COMMUNICATIONS							
			inspection program for all vehicles, communications equipment, and mechanical and electronic medical equipment.				